

**REGULATORY LICENSING UNIT
CRABMEAT PROCESSING FACILITY APPLICATION
(Health and Safety Code, Chapter 436)**

Return the completed application to:
Texas Department of State Health Services
Foods Licensing Group MC 2835, PO Box 149347, Austin, Texas 78714-9347
You may contact our office at: (512) 834-6626

For Departmental Use Only

TX #:
Date: _____
Inspector: _____
Approval: _____

Name Under Which Business is Conducted (DBA): _____
Physical Address to be Licensed: _____
City, County, State, Zip Code: _____
Telephone # at address: _____

TYPE OF LICENSE (check one):

☐ Picker / Packer ☐ Picker / Packer / Pasteurizer

WATER SUPPLY (check one):

☐ Public ☐ Private

SEWAGE DISPOSAL (check one):

☐ Public ☐ Private

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION AND AM ELIGIBLE TO RECEIVE A LICENSE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND CHAPTER 436 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTERS 229 AND 241, AND AGREE TO ABIDE BY THEM.

Signature _____

☐ OWNER
☐ PARTNER
☐ PRESIDENT
☐ CORPORATE DESIGNEE / AGENT

Date _____

Printed Name & Title _____

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of firm.
Please Note: Initial licenses will be valid from March 1 through the last day of February each year, or part thereof.

☐ **New (Initial)** - Start Date of Regulated Activity: _____

☐ **Change of Ownership (Including legal entity)** Previous owner: _____ Effective Date: _____
Change of ownership (including change of legal entity) requires submission of a new application..

☐ **Amended** - ☐ Change of Location [previous location: _____] } Enter the date the change
☐ Change of Name [previous name: _____] } was effective:
☐ Other: _____ } Date: _____

Any minor amendment including change of name or change in the location of a licensed place of business, requires submission of a new application.

☐ **Renewal**

☐ **Notice that firm is out of business.** Date: _____
Sign and date. Return for deletion from our records.

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

A license cannot be issued for manufacturing or holding of foods for distribution in any room used as living or sleeping quarters and shall be separated from any living or sleeping quarters by complete partitioning. Food prepared in a private home may not be used or offered for human consumption in a food establishment.

Name & Title

Residence Address

BUSINESS HOURS OF OPERATION: _____ m. to _____ m.

WEBSITE/ INTERNET ADDRESS: http://www. _____

MAILING INFORMATION (The license and/or courtesy renewal notice will be sent to the following):

Mailing Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Name of Application Preparer (Contact Person): _____

Telephone Number of Application Preparer (Contact Person): _____

Fax Number of Application Preparer (Contact Person): _____

E-mail Address of Application Preparer: _____

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. You may visit our website listed below for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

**ALL THREE PAGES OF THE APPLICATION FORM MUST BE COMPLETED
BEFORE A LICENSE WILL BE ISSUED. Please allow 4-6 weeks for processing.**

Visit our website at: www.dshs.texas.gov

Please address **correspondence only** to:
Texas Department of State Health Services
RLU, Food and Drug Licensing Group, MC 2835
PO Box 149347
Austin, Texas 78714-9347

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM
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REVISED 01/10/17

LICENSE HOLDER INFORMATION: Please enter the 11 digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts.

- -

Complete the one box below that relates to the type of ownership of your business.

☐ **Sole Owner / Proprietorship**

Name of Sole Owner: _____
Residence Address

☐ **Partnership** ☐ **LP** ☐ **LLP** ☐ **LTD**

Name of Partnership: _____

Partnership Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

Partner Name: _____
Residence Address

Partner Name: _____
Residence Address

Partner Name: _____
Residence Address

☐ **Association** ☐ **State Agency**

Name of Association / State Agency: _____

Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

Name: _____
Residence Address

Name: _____
Residence Address

☐ **Corporation** ☐ **LLC**

Corporation Name: _____
Date and Place of Incorporation

Corporation Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

President Name: _____
Residence Address

Officer's Name: _____
Residence Address

Officer's Name: _____
Residence Address

Name of Registered Agent: _____
Residence Address